



SCHOLARS CLUB

MEMBERSHIP APPLICATION FORM

1. STUDENT NAME: _____ 2. DATE OF BIRTH: _____

3. STUDENT ID NUMBER: _____ 4. CURRENT GRADE LEVEL: _____

5. ADDRESS: _____ APT#: _____ 6. CITY/STATE: _____

7. ZIP CODE: _____ 8. PHONE: () _____ () _____
HOME CELL

9. E-MAIL ADDRESS: _____

(Please Print Your E-mail Address Clearly and Completely...Thanks)

10. MEMBERSHIP (Circle One): New Associate On-Probation 11. GENDER (Circle One): Male Female

12. ETHNICITY (Circle One): Black White American Indian Asian Bi-Racial Hispanic Other Haitian

13. END OF LAST SCHOOL YEAR CUMULATIVE GPA _____

14. NAME OF ADVISOR(S): _____

15. NAME OF SCHOOL: _____

SIGNATURE OF APPLICANT: _____

(STUDENT SIGNS HERE)

PARENTS: I hereby authorize the Public Schools Enrichment Partnership/Scholars Club office to have access to my child's Student Number, academic records, home address and telephone numbers. This information is crucial to mail educational and scholarship award checks to members. Zip code information is required by the United Way for funding. This information will be used to track the progress of the students in the Scholars Club Program. This data is confidential and is kept in secured, locked files.

I hereby authorize the Public Schools Enrichment Partnership (PSEP) office to take photographs of my child, which may be used for Scholars Club and other PSEP/FGCU related promotional material. Example: Program booklets, Media articles, etc.

SIGNATURE OF PARENT/GUARDIAN: _____

PRINTED NAME OF PARENT/GUARDIAN: _____